

JOBS CREATION COMMITTEE

Thursday, September 15, 2016

at 9:00 AM

in Indiana State Library,
315 W. Ohio St., Room 203
Indianapolis, IN 46204

CALL TO ORDER & ESTABLISHMENT OF QUORUM

Chair Frye established a quorum with 6 voting members present pursuant to IC 25-1-16-7.

Members Present:

Debbie Frye, Chair

Joseph Habig

John Wright

David Miller (Designee of Allen Pope, *Office of the Attorney General*)

Barbara Underwood

Lori Duncan

Ben French

IPLA Staff Members Present:

Trent Fox

Katie Byers

REVIEW & ADOPTION OF AGENDA & AUGUST 18th MEETING MINUTES

Chair Frye asked everyone to review the August 18th minutes. Seeing no corrections, Chair Frye asked for a motion. Mr. Wright moved to adopt the day's agenda and the August 18th meeting minutes. Ms. Underwood seconded, and the motion passed by consent.

REPORT FROM THE INDIANA STATE PSYCHOLOGY BOARD

Kerri Reed, Assistant Board Director, began by describing each license type under the Indiana State Psychology Board, which are as follows:

Psychologist – Required for anyone practicing psychology in Indiana. Must have the endorsement as a “Health Service Provider” (HSPP) in psychology to practice without the supervision. (1,700 active licenses in Indiana and 181 new licenses issued in past two year renewal cycle (8/2014 – 8/2016))

Limited Scope Psychologist – A temporary permit required for a psychologist actively licensed in another state without supervision for no more than 30 days of practice in Indiana within any 2 year period. (15 active licenses in Indiana and 17 new licenses issued in past two years)

Psychologist Limited – Required for anyone who held a basic certificate for licensees trained at the master's level under IC 25-33-1-5 before its repeal on June 30, 1985. (9 active licenses in Indiana)

Temporary Psychologist Permit – Temporary permits may be issued to psychologists who have been approved to take the examination or licensed in another state pending examination results or review of their application. (6 active permits in Indiana and 40 new licenses issued in past two year renewal cycle (4/2014 – 4/2016))

Psychology Corporation – Registration required for psychology professional corporations and may be issued to a one or more psychologists to render services that may legally be performed only by psychologists. (44 active registrations in Indiana and 4 new registrations issued in past two year renewal cycle (1/2014 – 1/2016))

Continuing Education Sponsor - Psychology – Required in order to provide continuing education hours if they do not fall within the automatically approved provider list. (26 active licenses in Indiana and 6 new licenses issued in past two year renewal cycle (1/2014 – 1/2016))

Total number of licenses with the Psychology Board:

Active – 1,800
Probation – 0
Expired – 2,672
Revoked – 12
Suspended – 12
Voluntary Surrender – 5

Ms. Reed then described the functions of licenses under the Indiana State Psychology Board. The functions are as follows:

Psychologist – "Practice of psychology" includes the following: (a) Construction, administration, and interpretation of tests of intellectual and cognitive abilities, aptitudes, skills, interests, attitudes, personality characteristics, perception, emotion, motivation, and opinion; (b) Diagnosis and treatment of mental and behavioral disorders by a health service provider in psychology; (c) Educational and vocational planning and guidance; (d) Personnel selection and management; (e) Arrangement of effective work and learning situations; (f) Resolution of interpersonal and social conflicts; (g) Techniques used in interviewing, counseling, psychotherapy, and behavior modification of individuals or groups; (h) Supervision of psychological services; (i) Teaching of any of the practices listed in this subsection; and (k) The planning and conduct of research on human behavior.

Health Service Provider in Psychology – Endorsement required to diagnose practice without supervision. Requires completion of internship and supervised experience requirements.

Ms. Reed stated that the regulation of psychology was established in 1969. The current Board was established by Ind. Code 25-33 in 1993. The board is comprised of seven (7) members which are appointed by the Governor. The Board must include the following: Six (5) of the board members that have at least five (5) years of experience as a professional psychologist prior to their appointment; and one (1) consumer who have never been credentialed in a mental health profession and who has not been associated with the profession of psychology other than as a consumer. Each member is appointed to a three (3) year terms. The duties of the board are as follows: (a) Create rules concerning the practice of the profession, set fees, and establish reasonable application, examination, and renewal procedures; (b) Approve continuing education courses; (c) Conduct hearings upon complaint against individuals licensed or not licensed under IC 4-21-5; and (d) Establish a code of professional conduct.

Ms. Reed further stated that the primary functions are to review credentials, license applicants, administer licenses to qualified individuals, promulgate rules, and implement administrative disciplinary actions against licensees who are not practicing according to the Board's statutes and rules. The Board also issues cease and desist orders to unlicensed individuals offering psychology services in Indiana without the proper license. The Board is in existence to promote the public health, safety, and welfare of the people of Indiana to safeguard against the incompetent, dishonest, or unprincipled practice of psychology. The practice of psychology is a privilege conferred by the general assembly to individuals qualified to practice.

The Indiana State Psychology Board operates with one (1) board director and one (1) assistant director. It is important to recognize that the IPLA is an umbrella agency for occupational licensing, so these staff members also work for the Indiana State Board of Nursing. The starting salary for an AD is \$33,748, and board directors start at \$41,574. Fringe benefits are in addition to these figures.

Ms. Reed explained that Psychologist applicants are required to have the following for approval to take the examination: (a) Applicants submit an application and pay a \$100.00 application/license fee; (b) Applicants must possess a doctorate degree in psychology from an institution of higher education that has been accredited by the American Psychological Association (APA) or Canadian Psychological Association (CPA) at the time of graduation. If an applicant did not complete an APA or CPA accredited program, the education completed must meet the requirements detailed in 868 IAC 1.1-4-1; (c) Applicants are required to pass the Examination for Professional Practice in Psychology (EPPP) examination. If the application has taken and passed the exam in another state, they are not required to retake the examination; (d) If the applicant fails the national examination, they may apply to re-test by submitting an application and paying the \$50 fee; (e) The license is valid for two years and may be renewed by filing a renewal application and fee of \$100.00.

Health Service Provider in Psychology (HSPP) applicants are required to hold an active psychologist license with no restrictions and meet the following to have the HSPP endorsement on their psychology license; (a) Applicants submit an application and pay a \$100.00 application fee; (b) Verify completion of an internship worth a minimum of 1,500 hours in no more than a 24 month period; (c) Verify completion of 1,600 post-internship hours of supervised experience in no less than 12 months. May include doctoral level practicum and post internship supervised

experience to add to 1,600 hours; (d) Because this is an endorsement, it is attached to the psychology license and will renew with along with the license.

Temporary permits may be issued to psychologists who have been approved to take the examination or licensed in another state pending examination results or review of their application. Temporary permits require a fee of \$50.00.

Additionally, applicants are required to pass a written jurisprudence examination covering aspects of the practice of psychology, including statutes and rules related to the practice of psychology. If the applicant fails the state jurisprudence examination, they may apply to re-test by submitting an application and paying the \$75 fee.

Ms. Reed explained that pursuant to Ind. Code 25-33-2, continuing education is required for the renewal of a psychology license with a HSPP endorsement. The licensee must complete 40 hours of continuing education for each license period of 2 years. At least 20 of the hours must be obtained from formally organized courses, workshops, seminars, symposia, post-doctoral institutes, and home study programs. The number of home study hours cannot exceed 10 hours per license period. No more than 20 hours can be obtained from the following: (a) Journal clubs, colloquia, invited speaker sessions, in-hours seminars, and case conferences specifically designed for training or teaching; (b) Programs offered at professional or scientific meetings that are relevant to psychology; (c) Individualized learning, including approved audio and video instructional programs and formal professional supervision. Individualized learning does not include administrative supervision.

Colonel Wilson asked what the rationale was behind limited scope temporary permits. Ms. Reed responded that a situation may arise, for example, when a psychologist from out of state is needed to examine a prisoner, and this type of permit allows them to travel to Indiana and practice in narrow circumstances. Colonel Wilson asked why Indiana does not have a reciprocity agreement to address this issue. Ms. Reed stated that every state has different requirements.

Colonel Wilson asked about the rationale behind the registration of professional corporations. Ms. Reed stated she was not aware of the specific policy decisions behind such a requirement. Chair Frye further added that the JCC included in its 2016 Annual Report a recommendation to the Legislature to remove said barrier.

Dr. Biggs, Chair of the Indiana State Psychology Board, stated that when looking towards the future of psychology, two main issues seem to arise, which are reciprocity and the training of psychologists in their early career stage. Dr. Biggs mentioned since he started serving on the board, the Legislature enacted the Sequence of Training Act” which he believes addresses the training issue previously mentioned. Approximately half of Indiana counties are considered to be health professional shortage areas and even more counties are classified by the Indiana State Department of Health (ISDH) as mental health professional shortage areas. The board currently has a rule in progress addressing reciprocity. The rule is essentially endorsement provided by an external organization, the Association of State and Habitual Psychology Boards.

Colonel Wilson asked if there are fees associated with endorsement. Ms. Reed responded that she believes there is a processing fee.

Chair Frye asked if someone could address the educational aspect in Indiana. For example, how many schools there are, where they are located and if they believe it is a sufficient framework to support the profession. Tabitha Arnett, Indiana Psychology Association, stated that from a membership perspective, Indiana is losing psychologists to other states due to employment opportunities, or lack thereof in this instance, but cannot speak to the educational aspect specifically.

Colonel Wilson asked the difference is between, in the context of psychology, a PhD and PsyD. Dr. Biggs responded that the basic difference is that a PhD is more research based while the PsyD is more focused on the clinical side.

Colonel Wilson asked if there was something the committee could recommend to the Legislature that would address the shortage mentioned previously. Dr. Biggs stated that the issue is not necessarily that Indiana lacks students, it is a shortage of internships available to recently graduated psychology students.

Chair Frye asked someone to address telepsychology services. Dr. Biggs responded that the board would like to explore legislation requiring that a psychologist must be licensed in the state where they are providing services, regardless of where they are physically located. Dr. Biggs stated that he has been working with the association to push the initiative, and added that technology has outpaced the profession so it must catch up.

Colonel Wilson asked how psychologists can provide services remotely. For example, a radiologist has an x-ray to examine, so how can one foresee psychologists providing services without data in front of them? Dr. Biggs responded that in short, on a limited basis. In other states, like Ohio for example, boards have adopted rules recommending that telepsychology should make up only 5% of a psychologist's work. A good example, Dr. Biggs provided, is if a psychologist has been working with a high school student for three years, then they move to college, but want to touch base every once in a while; if that psychologist were licensed in the state the student moved to, they could provide consultation.

REPORT FROM PSYCHOLOGY PROFESSION STAKEHOLDERS

Tabitha Arnett, Indiana Psychology Association, began by providing background on the Indiana Psychology Association. The IPA (Indiana Psychology Association) was founded in 1937 and represents professional psychologists. Connecticut was the first state to have a state licensure for Psychology (1945). Though the association has a strong appreciation for psychology we also have a strong ethical standing with the state of Indiana. Licensed psychologists play a critical role in the prevention, assessment, diagnosis and treatment of mental health. The association ensures adequate treatment and see to it that consumers receive adequate care from an ethical and competent perspective.

Ms. Arnett further stated that the economic impact of the state allows psychologists the licensure to be gainfully employed. It also supports the profession by identifying mental health concerns. Licensed psychologists have the potential to earn more than other mental health professionals. Similarly, in the practice Pharmacy the pharmacist technician is supervised by the doctor who is licensed and has the means to make more than the pharmacist.

As for Medicaid, particularly the HIP (Healthy Indiana Plan) enrollment, Ms. Arnett stated, continues to grow. HSVP is one of two disciplines that can supervise the practice of mental health. The average wage varies depending on the practice of the psychologist. Those who enter post-doctoral training make \$40,000, while others may average a salary of \$94,000. The American Psychology Association (APA) in 2013, reported that 87% of psychology doctors were employed, 1% unemployed. The statistics seem to report that most psychologists are gainfully employed.

Ms. Arnett explained that another reason why licensures is better than certification is because it protects Indiana citizens in covering the depth of education necessary and required by licensure. PSY board ensures sufficient education, ethical care, and adequate training. Furthermore they oversee licensed psychologist who are continuing their education. If recommendations are needed for legislative changes in psychology licensure, the APA would be in support of pursuing telepsychology.

Ms. Arnett said the board structure is satisfactory because of the number of board members. They are engaged in the state board meetings and are very efficient. The IPLA and association need to continue to have that support. A question sometimes raised is whether or not the board should merge with other boards. Only Colorado has done that currently. The association, Ms. Arnett stated, would not want to see it merged with other professions because of the significant difference in the training and education of what it does.

Chair Frye asked if the association is tracking where the shortage provider areas are. Ms. Arnett responded that the association has not conducted an assessment of where the gaps are but one was done in 2013.

Ms. Underwood asked if all licensed psychologists in Indiana were members of the association. Ms. Arnett responded that approximately 30% of them are members.

Ms. Underwood asked why someone would want to be a member of the organization and what do you charge for membership? Ms. Arnett responded that the million dollar question is “what are you going to do for me,” and the answer is all of the services the association provides, such as lobbying on their behalf, significant discounts for members and non-members for continued education, providing a quarterly newsletter. Additionally, for graduate students the association provides the opportunity to network through social media such as LinkedIn where members can share resources and questions and best practices. For the public, the association has a search engine on our website to find a psychologist. Members only who have opted into that directory will be in there. The cost of membership is \$285.00 in annual dues. For a member’s first year the cost is \$150.00, which is especially attractive to graduate students. For students the cost is discounted by \$35.00. Associate members who are not psychologists pay \$150.00.

Colonel Wilson asked if the association believes Indiana is regulating the profession in the least restrictive or the least obstructive manner and is the state the right people to be doing the regulation. Also, Colonel asked if this profession could be regulated by your association or another national association. Ms. Arnett responded that she does not think that it is obstructive or restrictive by not allowing psychologists to practice in Indiana. There is an application process that is straightforward, with the doctoral degree and a certain number of hours. In terms of regulating it by another association Ms. Arnett has not seen that done before.

Colonel Wilson clarified his questions and asked if the association is able to do some of the background work and save the state some money. David Miller, Office of the Attorney General, responded that associations are hesitant given if they regulate themselves, they are open to all antitrust laws, similar to the Dental Board case out of North Carolina.

Colonel Wilson clarified his statement that the board would not be eliminated, but would just allow association to provide informational background to alleviate state burden. Ms. Arnett responded that there is a national licensure model that some states put in place, when there is one set of rules to licensing that profession IN might be more conservative so we may not agree with some of the policies. Want to ensure we aren't giving up protection of public just to save a little money when mental health is one of the most important areas to focus.

PRESENTATION FROM THE ATTORNEY GENERAL'S OFFICE RE PSYCHOLOGY BOARD

David Miller, Office of the Attorney General, explained that he has attended several psychology board meetings, and the cases are complex as well as intriguing. Mr. Miller stated that complaint numbers have been steady over the years. The board has been active, however, as 25 files have been opened through this past year. The most common resolution is "closed with no violation" or "closed with insufficient evidence of violation." The difference between the two is that with the latter, there is no legal avenue to prove any potential violation. Mr. Miller clarified that a cease and desist order is for those not licensed who attempt to practice as a licensed practitioner.

REPORT FROM THE INDIANA BEHAVIORAL HEALTH & HUMAN SERVICES BOARD

Cindy Vaught, Board Director, Behavioral Health and Human Services Licensing Board, began by explaining the types of licenses overseen by the board. They are as follows:

Licensed Clinical Social Worker (LCSW) – Required for anyone practicing clinical social work in State of Indiana. (4,688 active licenses in Indiana and 573 new licenses issued in past two year renewal cycle (4/2014 – 4/2016))

Licensed Social Worker (LSW) – Required for anyone practicing social work in the State of Indiana (2,601 active licenses in Indiana and 770 new licenses issued in past two

year renewal cycle (4/2014 – 4/2016))

Licensed Mental Health Counselor (LMHC) – Required for anyone practicing mental health counseling in the State of Indiana. (2,002 active licenses in Indiana and 256 new licenses issued in past two year renewal cycle (4/2014 – 4/2016))

Licensed Mental Health Counselor Associate (LMHCA) – Required for anyone accruing postgraduate clinical experience and supervision hours in the state of Indiana. (201 active licenses in Indiana and 160 new licenses issued in past two year renewal cycle (4/2014 – 4/2016))

Licensed Marriage and Family Therapist (LMFT) – Required for anyone practicing marriage and family therapy in the state of Indiana. (937 active licenses in Indiana. (76 new licenses issued in past two year renewal cycle (4/2014 – 4/2016))

Licensed Marriage and Family Therapist (LMFTA) – Required for anyone accruing postgraduate clinical experience and supervision hours in the state of Indiana. (104 active licenses in Indiana and 75 new licenses issued in past two year renewal cycle (4/2014 – 4/2016))

Licensed Clinical Addiction Counselor (LCAC) – Required for anyone practicing as a clinical addictions counseling in the state of Indiana. (1,352 active licenses in Indiana and 7 new licenses issued in past two year renewal cycle (4/2014 – 4/2016))

Licensed Addiction Counselor (LAC) – Required for anyone practicing addictions counseling in the State of Indiana. (264 active licenses in Indiana and 9 new licenses issued in past two year renewal cycle (4/2014 – 4/2016))

Temporary Permits – Temporary permits may be issued to clinical social workers, social workers, mental health counselors, marriage and family therapist, clinical addiction counselors and addiction counselors who have been approved to take the examination or licensed in another state pending examination results or review of their application. (96 active temporary permits and 544 temporary permits issued in past two years))

Continuing Education Sponsors – Required in order to provide continuing education hours if they do not fall within the automatically approved provider list. (88 active sponsors in Indiana and 28 new licenses issued in past two year renewal cycle (4/2014 – 4/2016))

Total number of licenses with the BHHS Board:

- Active – 12,149
- Probation – 15
- Retired – 845
- Expired – 10,588
- Revoked – 24
- Suspended – 36

Behavioral Health Sciences Professional Corporations – Required for forming a professional corporation in the state of Indiana. (14 registered Professional Corporation (Active))

Ms. Vaught described the functions of licenses overseen by the board. Those functions are as follows:

Licensed Clinical Social Worker (LCSW): "Practice of clinical social work" means professional services that are designed to help individuals, marriages, couples, families, groups, and communities to enhance or restore their capacity for functioning by:

- (a) assisting in the obtaining or improving of tangible social and health services;
- (b) providing psychosocial evaluations using accepted classifications, including classifications from the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) as amended and supplemented, but only to the extent of the counselor's education, training, experience, and scope of practice as established by this article;
- (c) using appraisal instruments as an aid in treatment planning that the clinical social worker is qualified to employ by virtue of the counselor's education, training, and experience; and
- (d) counseling and psychotherapeutic techniques, casework social work advocacy, and treatment in a variety of settings that include mental and physical health facilities, child and family service agencies, or private practice.

The term does not include diagnosis (as defined in IC 25-22.5-1-1.1(c)).

Licensed Social Worker (LSW): "Practice of social work" means professional services that are designed to effect change in human behavior, emotional responses, and social conditions of individuals, couples, families, groups, and communities and that involve specialized knowledge and skill related to human development, including an understanding of unconscious motivation, the potential for human growth, the availability of social resources, and knowledge of social systems. The term includes planning, administration, and research for community social services delivery systems. The term does not include the use of psychotherapy or diagnosis (as defined in IC 25-22.5-1-1.1(c)).

Licensed Mental Health Counselor (LMHC): "Practice of mental health counseling" means a specialty that:

- (a) uses counseling and psychotherapeutic techniques based on principles, methods, and procedures of counseling that assist people in identifying and resolving personal, social, vocational, intrapersonal, and interpersonal concerns;
- (b) uses counseling to evaluate and treat emotional and mental problems and

conditions in a variety of settings, including mental and physical health facilities, child and family service agencies, or private practice, and including the use of accepted evaluation classifications, including classifications from the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) as amended and supplemented, but only to the extent of the counselor's education, training, experience, and scope of practice as established by this article;

(c) administers and interprets appraisal instruments that the mental health counselor is qualified to employ by virtue of the counselor's education, training, and experience;

(d) uses information and community resources for personal, social, or vocational development;

(e) uses individual and group techniques for facilitating problem solving, decision making, and behavioral change;

(f) uses functional assessment and vocational planning guidance for persons requesting assistance in adjustment to a disability or disabling condition;

(g) uses referrals for individuals who request counseling services; and

(h) uses and interprets counseling research.

The term does not include diagnosis (as defined in IC 25-22.5-1-1.1(c)).

Licensed Mental Health Counselor Associate (LMHCA): Required to accrue postgraduate clinical experience and supervision in order to obtain licensure as a Mental Health Counselor under the supervision of a licensed mental health counselor.

Licensed Marriage and Family Therapist (LMFT): "Practice of marriage and family therapy" means a specialty that:

(a) uses an applied understanding of the dynamics of marital, relational, and family systems, and individual psychodynamics;

(b) uses counseling and psychotherapeutic techniques;

(c) evaluates and treats mental and emotional conditions, resolves intrapersonal and interpersonal conflict, and changes perceptions, attitudes, and behavior, all within the context of family, marital, and relational systems, including the use of accepted evaluation classifications, including classifications from the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) as amended and supplemented, but only to the extent of the counselor's education, training, experience, and scope of practice as established by this article;

(d) uses individual, group, couple, sexual, family, and divorce therapy; and

(e) uses appraisal instruments that evaluate individual, marital, relational, communicational, parent and child, and family functioning that the marriage and family therapist is qualified to employ by virtue of the counselor's education, training, and experience.

The term does not include diagnosis (as defined in IC 25-22.5-1-1.1(c)).

Licensed Marriage and Family Therapist (LMFTA): Required to accrue postgraduate clinical experience and supervision in order to obtain licensure as a Marriage and Family Therapist under the supervision of a licensed marriage and family therapist.

Licensed Clinical Addiction Counselor (LCAC): "Practice of clinical addiction counseling" means the providing of professional services that are delivered by a licensed clinical addiction counselor, that are designed to change substance use or addictive behavior, and that involve specialized knowledge and skill related to addictions and addictive behaviors, including understanding addiction, knowledge of the treatment process, application to practice, and professional readiness.

Licensed Addiction Counselor (LAC): "Practice of addiction counseling" means the providing of professional services that are delivered by a licensed addiction counselor, that are designed to change substance use or addictive behavior, and that involve specialized knowledge and skill related to addictions and addictive behaviors, including understanding addiction, knowledge of the treatment process, application to practice, and professional readiness.

Ms. Vaught explained that the Board was established by Ind. Code 25-23.6 in 1990. The board is comprised of eleven (11) members which are appointed by the Governor. The Board must include the following:

- Two (2) marriage and Family Therapists with a master's degree in marriage and family therapy or related field, licensed by the board, and has five (5) years of experience in marriage and family therapy.
- One (1) Social Worker with a master's degree in social work, licensed by the board, and has five (5) years of experience as a social worker.
- One (1) Social Services director of a hospital with a social work degree who has at least three (3) years of experience in a hospital setting.
- Two (2) mental health counselors who have a master's degree in mental health counseling, licensed by the Board and have at least five (5) years of experience as a mental health counselor.
- Two (2) consumers who have never been credentialed by the Board.
- One (1) physician licensed by the Medical Licensing Board who has training in psychiatric medicine.
- Two (2) licensed clinical addiction counselors who are licensed by the Board and have at least five (5) years of experience in clinical addiction counseling.

Social Worker Section – 2 social workers, 2 consumer member and 1 physician member of the board.

Addiction Counselor Section – 2 clinical addiction counselor members, 2 consumer member and 1 physician member of the board.

Marriage and Family Therapist Section – 2 clinical addiction counselor members, 2 consumer member and 1 physician member of the board.

Mental Health Counselor Section – 2 mental health counselor members, 2 consumer member and 1 physician member of the board.

Primary functions, Ms. Vaught stated, are to review credentials, license applicants, administer licenses to qualified individuals, promulgate rules, and implement administrative disciplinary actions against licensees who are not practicing according to the Board's statutes and rules. The Board also issues cease and desist orders to unlicensed individuals offering social work, mental health, marriage and family therapy and addiction services in Indiana without the proper license. The Board is in existence to promote the public health, safety, and welfare of the people of Indiana to safeguard against the incompetent, dishonest, or unprincipled practice of social work, mental health counseling, marriage and family therapy and addiction counseling. The practice of social work, clinical social work, mental health counseling, marriage and family therapy, clinical addiction counseling and addiction counseling is a privilege conferred by the general assembly to individuals qualified to practice. The Behavioral Health and Human Services Licensing Board operates with one (1) board director, one (1) assistant director and four (4) customer service representatives. It is important to recognize that the IPLA is an umbrella agency for occupational licensing, so these staff members also work for the State Board of Dentistry, Indiana Board of Veterinary Medical Examiners, Board of Chiropractic Examiners and the Respiratory Care Committee. The starting salary for a CSR is \$22,724. The starting salary for an AD is \$33,748, and board directors start at \$41,574. Fringe benefits are in addition to these figures.

The cost of licenses overseen by the board, Ms. Vaught described, are as follows:

Licensed Clinical Social Worker \$50.00 application/license fee and \$50.00 renewal fee.

Licensed Social Worker with a Baccalaureate Degree \$50.00 application/license fee and \$50.00 renewal fee.

Licensed Social Worker by Examination with a Master's Degree \$50.00 application/license fee and \$50.00 renewal fee.

Licensed Mental Health Counselor (LMHC) \$50.00 application/license fee and \$50.00 renewal fee.

Licensed Mental Health Counselor Associate (LMHCA) \$50.00 application/license fee and \$50.00 renewal fee.

Licensed Marriage and Family Therapist (LMFT) \$50.00 application/license fee and \$50.00 renewal fee.

Licensed Marriage and Family Therapist Associate (LMFTA) \$50.00 application/license fee and \$50.00 renewal fee.

Licensed Clinical Addiction Counselor (LCAC) \$50.00 application/license fee and \$50.00 renewal fee.

Licensed Addiction Counselor (LAC) \$50.00 application/license fee and \$50.00 renewal fee.

Temporary Permits Pay a fee of \$25.00.

Pursuant to Ind. Code 25-23.6 -2-8, the board may adopt rules establishing standards for the renewal of all licenses. Ms. Vaught explained that in accordance with 839 IAC 1-6-1 Clinical Social Workers, Social Workers, Mental Health Counselors, Licensed Mental Health Counselor Associates, Marriage and Family Therapist, Marriage and Family Therapist Associates, Clinical Addiction Counselors, and Addiction Counselors are required to obtain at least forty (40) hours of continuing education, with at least twenty (20) hours of Category I Continuing Education with two (2) hours of Category I Ethics Continuing Education, in order to renew their license. If the licensee has been licensed less than twenty-four (24) months they will need twenty (20) hours of continuing education with one (1) hour of Category I Ethics Continuing Education to renew their license. A licensee who has been licensed less than twelve (12) months does not need continuing education in order to renew their license.

Colonel Wilson asked about the difference between LMFTA and LFMT; since there is direct supervision, whether associate level is necessary. Dr. Osborn responded with background on the issue and explained that some individuals who would complete educational requirements have difficulty finding employment because employers would only hire fully licensed individuals, so this was an avenue to get those individuals into the workforce while providing the employer with assurance of their credentials.

Chair Frye asked how many individual a LSW is allowed to supervise. Ms. Vaught responded that there is no limit.

Colonel asked about the rationale behind the temporary permit. Ms. Vaught responded that it was set by the Legislature.

Colonel Wilson asked whether there was reciprocity for social workers outside of the temporary permit. Ms. Vaught responded that is none.

Colonel Wilson asked if Indiana is licensing social workers in the least restrict manner and is the state the correct entity to do so? Dr. Osborn responded that he is confident that is the case and the state has an extremely compelling interest in regulating the profession as it does currently.

Chair Frye asked whether there is reciprocity in practice since the social worker exam is a national exam and recognized by most states. Ms. Vaught responded that although the exam is reciprocal, the education requirements are not, so there is no reciprocity.

REPORT FROM PSYCHOLOGY PROFESSION STAKEHOLDERS

Susan Coyle, (Indiana Division of Marriage and Family Therapy), explained that this is a unique profession as its education is through perspective of family. Research conducted indicates that when most individuals come into therapy, they claim the issue is their relationship. For example, if someone comes to therapy and complains about their spouse for multiple sessions, it may request their spouse to attend. Commonly, it turns out that neither of them are bad people, they just have conflicts with each other. The field itself emerged in 1950s when soldiers returned from war expressing issues with marital and family relationships. Currently, at the VA hospital in Indianapolis, a program has been approved where only marriage and family therapists are utilized that work with armed forces members returning from combat. PTSD impacts entire families, so the work they do is extremely important.

Mark Fairchild, National Association of Social Workers, explained that the association is present in all 50 states and predates licensure. The association is the largest membership organization of professional social workers in the world, with 132,000 members. The association works to enhance the professional growth and development of its members, to create and maintain professional standards, and to advance sound social policies. The association's Code of Ethics is intended to serve as a guide to the everyday professional conduct of social workers. The association is committed to helping social workers meet their professional development needs. This strong dedication has led to the creation of multiple professional development programs and products such as credentials, education and training courses, newsletters, employment information, resources, and publications. Members receive both free CE's and CE's at discounted rates to fill their licensing or credentialing requirements when they participate in our professional development programs. The association supports licensure for BSW graduates to legitimize the work that can be done with the degree. Currently, those with BSW find themselves in a holding pattern since they are not licensed.

Chair Frye asked if other states license BSW. Dr. Osborn responded that most states allow for the national exam after BSW is earned to qualify for licensure. Colonel Wilson asked what surrounding states do and expressed interest in cleaning up language to allow for regulation of BSW.

Chair Frye asked if there is any concern with compensation for individuals with a BSW versus those with higher level credentials. Mr. Fairchild responded that there tends to be a difference in pay – LSW typically start at approximately \$40,000 per year while BSW start out at approximately \$30,000 per year. Approximately 30 states offer licensure for BSW.

Dr. Kimble Richardson, board member, stated that the board is a composite board made up of several overlapping professions, so it is certainly saving the state money by such a consolidation. The board works well together and he is honored to serve as a member.

Chair Frye asked Dr. Richardson if he could address the complexity of the application process. Dr. Richardson responded that Indiana has set a very high bar for its education requirements, which is good. It also means much time is devoted to ensuring applications are processed. Board members will often volunteer time outside of board meetings to help review applications due to the complexity of the requirements.

Dr. Osborn added that with the high standards that Indiana has, other states are trying to mirror our state's standards. Dr. Richardson said that out of every 10 applications reviewed, approximately two are coming from out of state.